

In the United States District Court  
Western District Of Texas  
midland/odessa Division

**FILED**

November 20, 2023  
CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS

BY: J.E.  
DEPUTY

Raymond Charles : 10058-510

(In the space above enter your full name and Prison ID  
Number, if any. Do not include your Social Security Number).

-against-

Case

No. \_\_\_\_\_  
(To be filled out by Clerk's  
Office only)

Detective Nicholas MORE

**COMPLAINT**

(*Pro Se* Prisoner)

Jury Demand?

Yes

No

(In the space above enter the full name of each Defendant)

**NOTICE**

Do not attach exhibits, affidavits, grievances, witness statements, or any other materials to your Complaint. Any materials other than the Complaint will be returned to you unfiled by the Clerk's Office.

**I. PLAINTIFF INFORMATION**

Raymond Leo Charles Jr.

Name (First, Middle, Last)

Aliases

# 10058-510

Prisoner ID #, if any

EL RENO Federal Correctional Institution

Place of Detention or Incarceration

P.O. Box 1500

Address (If detained, facility address)

EL RENO

OK

County, City

State

73036

Zip Code

## II. PRISONER STATUS

Indicate whether you are a prisoner or other confined person as follows:

Pretrial detainee

Convicted and serving a sentence. Provide Date of Conviction Feb. 9, 2023

Other. Explain: \_\_\_\_\_

## III. DEFENDANT(S) INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. If you need more space for additional defendants, list the additional defendants on another piece of paper, providing the same information. Do not list witnesses. The jail or detention center is a building and cannot be sued.

Defendant 1:

MOORE, NICHOLAS

Name (Last, First)

Detective

Current Job Title

Ector County Sheriff Office P.O. Box 2066

Current Work Address

Ector Odessa

TX

79740

County, City

State

Zip Code

Defendant 2:

Dorothy Dorothy Dorothy

Name (Last, First)

Dorothy

N/A

Current Job Title

Current Work Address

Albion Albion NY

County, City

State

Zip Code

Defendant 3:

N/A

Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

Defendant 4:

N/A

Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

#### IV. STATEMENT OF CLAIMS

State every ground on which you claim that one or more of the Defendants violated your federal constitutional rights. List each claim separately (e.g., excessive force, denial of medical care, access to the courts, conditions of confinement, etc.). If you have more than three separate claims, you may attach additional sheets of paper, providing the same information for each claim. You may attach no more than one additional sheet for each claim.

Claim Number 1:

Place(s) of occurrence:

Ector County, Odessa, Texas, USA

Date(s) of occurrence: 7-6-2022

Name of Each Defendant Involved:

Detective Nicholas Moore

State which of your federal constitutional rights (e.g., excessive force, denial of medical care, conditions of confinement, etc.) or federal statutory rights have been violated:

Defamation, Fraud, violation of civil rights using a fraudulent Affidavit to obtain conviction.

State here briefly the FACTS that support your case. Describe how EACH DEFENDANT was personally involved in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you.

FACTS:

What happened to you?

Detective Moore committed perjury and defamed my reputation and committed fraud in fraudulent Statements used in an Affidavit filed in U.S. DISTRICT COURT Documents to obtain and arrest and conviction on July 6<sup>th</sup> 2022 causing a violation of my civil rights by law enforcement.

Who did what?

Detective Moore violated my civil rights by fraud and defamation. Making fraudulent statements in a Sworn affidavit.

How were you injured?

I was arrested and convicted using fruit of the poison tree based on fraudulent statements made by Detective Moore on July 6, 2022 in which he filed a Sworn affidavit with fraudulent information. Falsus in Uno Falsus in Omnidibus. Causing severe financial distress and mental ~~body~~ distress.

With regard to claim 1, are you suing Defendant(s) in his/her/their:

- Official capacity only (An official capacity claim is the same as suing the governmental entity the Defendant(s) work(s) for and requires proof that a custom, policy, or widespread practice of the governmental entity caused the violation).
- Individual capacity only (An individual capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).
- Both Official and Individual capacity

If you are asserting an official capacity claim, please describe the custom, policy, or widespread practice that you believe caused the violation of your constitutional rights.

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#### Claim Number 2:

Place(s) of occurrence:

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Date(s) of occurrence: \_\_\_\_\_

Name of Each Defendant Involved:

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*State which of your federal constitutional rights (e.g., excessive force, denial of medical care, conditions of confinement, etc.) or federal statutory rights have been violated:*

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*State here briefly the FACTS that support your case. Describe how EACH DEFENDANT was personally involved in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you.*

FACTS: \_\_\_\_\_

What  
happened  
to you?

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Who  
did  
what?

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How were  
you  
injured?

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With regard to claim 2, are you suing Defendant(s) in his/her/their:

- Official capacity only (An official capacity claim is the same as suing the governmental entity the Defendant(s) work(s) for and **requires** proof that a custom, policy, or widespread practice of the governmental entity caused the alleged violation).
- Individual capacity only (An individual capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).
- Both Official and Individual capacity

*If you are asserting an official capacity claim, please describe the custom, policy, or widespread that you believe caused the violation of your constitutional rights.*

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**Claim Number 3:**

Place(s) of occurrence: \_\_\_\_\_

Date(s) of occurrence: \_\_\_\_\_

Name of Each Defendant Involved:

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*State which of your federal constitutional rights (e.g., excessive force, denial of medical care, conditions of confinement, etc.) or federal statutory rights have been violated:*

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State here briefly the **FACTS** that support your case. Describe how **EACH DEFENDANT** was **personally involved** in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you.

FACTS:

What  
happened  
to you?

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Who  
did  
what?

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How were  
you  
injured?

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With regard to claim 3, are you suing Defendant(s) in his/her/their:

- Official capacity only (An official capacity claim is the same as suing the governmental entity the Defendant(s) work(s) for and **requires** proof that a custom, policy, or widespread practice of the governmental entity caused the alleged violation).
- Individual capacity only (An individual capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).
- Both Official and Individual capacity

If you are asserting an official capacity claim, please describe the custom, policy, or widespread practice that you believe caused the violation of your constitutional rights.

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## V. RELIEF

If you are asking for money damages from the named Defendant(s), indicate below the types of damages you are seeking:

- Compensatory damages (money damages designed to compensate for injuries, such as physical pain and suffering, etc., that are caused by the deprivation of constitutional rights).
- Punitive damages (designed to punish a defendant for engaging in misconduct and to deter a Defendant and others from engaging in such misconduct in the future).
- Other relief (describe below).

State briefly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to those damages.

I lost my home and everything in it, I lost my truck, and I have incurred lost wages and been illegally detained in prison as I fight this civil rights violation. I am seeking \$150,000<sup>00</sup> for compensatory damages and any and all punitive damages this Honorable Court deems relevant.

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## VI. PRISONER'S LITIGATION HISTORY

Have you brought any other lawsuits in state or federal court while a prisoner?

Yes  No

No

If yes, how many? \_\_\_\_\_

Have you brought any other lawsuits in state or federal court **dealing with the same facts as this case?**  Yes  No

If yes, how many? \_\_\_\_\_

Number each different lawsuit below and include the following:

- Name of case (including defendants' names), court, and docket number
- Nature of claim made
- How did it end? (For example, if it was dismissed, appealed, or is still pending, explain below.)
- The “three strikes rule” bars a prisoner from bringing a civil action or an appeal without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility brought an action or appeal . . . that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g). **To the best of your knowledge, indicate if any of your cases were dismissed because they were frivolous, malicious, or failed to state a claim upon which relief could be granted, had a strike assessed, or were dismissed because of the “three strikes rule.”**

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## VII. PLAINTIFF'S DECLARATION AND SIGNATURE

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office shall result in the dismissal of my case.

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

*Plaintiff must sign and date the complaint and provide prison identification number and prison address.*

11-15-2023

Dated



Plaintiff's Signature

Raymond L. Charles, Jr

Printed Name (First, MI, Last)

# 10058-510

Prison Identification #, if any.

P.O. Box 1500

Prison Address

EL RENO

City

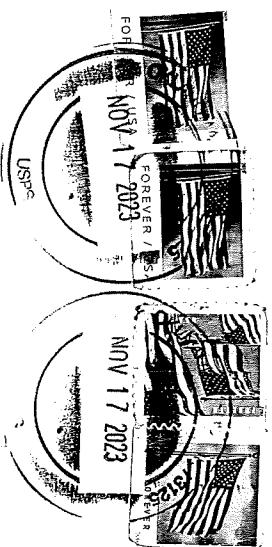
OK

State

73036

Zip Code

Raymond Granzles #10058-510  
Federal Correctional Institution  
P.O. Box 1500  
E/ Pines, OK 73036



⇒10058-510⇒

Honorable Judge David Counts  
200 E. Wall Street  
Midland, TX 79701  
United States

RECEIVED  
NOV 20 2023

CLERK OF COURT  
WEST TEXAS DISTRICT COURT  
BY \_\_\_\_\_  
DEPUTY

FCI El Reno  
PO Box 1000  
El Reno, OK 73035

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The enclosed letter was processed through special mailing procedures for forwarding to you. The letter has neither been opened nor inspected. If the writer raises a question or problem over which this facility has jurisdiction, you may wish to return the material for further information or clarification.